

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

Name of Petitioner/Party A

Case Number: _____

Name of Respondent/Party B

PETITION TO ESTABLISH (Check one box only)

- LEGAL DECISION-MAKING (LEGAL CUSTODY),
PARENTING TIME, *and* CHILD SUPPORT, or
- LEGAL DECISION-MAKING (LEGAL CUSTODY)
AND PARENTING TIME (ONLY)

STATEMENTS THE COURT

1. INFORMATION ABOUT ME:

Name: _____
Address: _____
Date of Birth: _____
Occupation: _____

Relationship to children for whom I want the Primary Residence, Legal Decision-Making and Parenting Time (or Parenting Time and Child Support) Order:

- Mother
 Father
 Other. My relation to the children is: _____

2. INFORMATION ABOUT THE OTHER PARTY:

Name: _____
Address: _____
Date of Birth: _____
Occupation: _____

Relationship to children for whom I want the Primary Residence, Legal Decision-Making and Parenting Time (or Parenting Time and Child Support) Order:

- Mother
 Father
 Other. My relation to the children is: _____

3. VENUE: This is the proper court to bring this lawsuit under Arizona law because:

It is the county of residence of the Party A, or Party B, or the minor child(ren).

4. JURISDICTION: WHY I AM FILING THIS COURT CASE AGAINST THE OTHER PERSON IN ARIZONA: (check all that apply)

- The other Party is a resident of Arizona.
- I believe that I will personally serve the other party in Arizona (see "Service" packet).
- The other Party agrees to have the case heard here and will file written papers in the court case.
- The other Party lived with the minor child(ren) in this state at some time.
- The other Party lived in this state and provided pre-birth expenses or support for the minor child(ren).
- The minor child(ren) lives in this state as a result of the acts or directions of the other Party.
- The other Party had sexual intercourse in this state as a result of which the minor child may have been conceived in Arizona.
- The other party signed an acknowledgment of paternity that is filed in this state.
- The other Party did any other acts that substantially connect the other Party with this state (see a lawyer to help you determine this).
- This Court has jurisdiction to decide legal decision-making matters under Arizona law, A.R.S. §§ 25-402 and 25-802.

5. STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

A. PATERNITY WAS ESTABLISHED BY: (check one box).

(A copy of any Order or document referenced here should already be in the Court file or attached.)

A Court Order for Paternity from this county or previously transferred to this county stating that

is the natural father of the minor child(ren) included in this Petition. (A.R.S. § 25-502(c))

Both parents signing an Acknowledgment of Paternity through the Hospital Paternity Program or other means provided by law after July 18, 1996, and a birth certificate listing the name of the father was issued as a result.

We do not have an order of paternity, but we do have a child support order.

***NOTE: If married when minor child(ren) born, conceived or adopted, and no decree of Divorce or Separation has been issued, STOP! Do not use these forms unless advised to do so by an attorney. Requests for legal decision-making authority (custody) and parenting time must generally be filed as part of a case for Legal Separation or Divorce.**

INFORMATION ABOUT MINOR CHILD(REN) FOR WHOM I WANT THE COURT ORDER(S):

B. INFORMATION ABOUT CHILD SUPPORT FOR MINOR CHILDREN:

There is an order for Child Support, dated _____ from
(name of court)_____.

This order **needs** **does not** need to be changed.

There is a pending child support petition or modification currently filed in this court or another.

To my knowledge **there is no child support order** for the minor child(ren) and the court should order child support in this case along with legal decision-making (custody), and parenting time.

Party A Party B made **voluntary/direct support payments** that need to be taken into account, if past support is requested.

Party A Party B owes **past support** for the period between:

the date this petition was filed and the date current child support is ordered.

OR

the date the parties started living apart, but not more than three years before the date of this petition was filed, and the date current child support is ordered.

6. INFORMATION ABOUT MINOR CHILDREN, including past 5 years residence:

A. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: (include city, state) _____	
How long at this address: _____	County: _____
Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other: _____
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other: _____

B. Child's Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: _____	Date of Birth: _____
Current Address: (include city, state) _____	
How long at this address: _____	County: _____
Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other (Name & Relation to Child): _____	
(If less than 5 years, provide 5 years previous address information for each child.)	
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other: _____
Previous Address: _____	
How long at this address: _____	Lived with <input type="checkbox"/> Party A <input type="checkbox"/> Party B <input type="checkbox"/> Other: _____

C. Child's Name: _____ **Gender:** Female Male
Place of Birth: _____ **Date of Birth:** _____
Current Address:
 (include city, state) _____
How long at this address: _____ **County:** _____
 Lived with Party A Party B Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for each child.)

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other: _____

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other: _____

D. Child's Name: _____ **Gender:** Female Male
Place of Birth: _____ **Date of Birth:** _____
Current Address:
 (include city, state) _____
How long at this address: _____ **County:** _____
 Lived with Party A Party B Other (Name & Relation to Child): _____

(If less than 5 years, provide 5 years previous address information for each child.)

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other: _____

Previous Address: _____
How long at this address: _____ Lived with Party A Party B Other: _____

Continues on attached page(s) made part of this document by reference.

7. COURT CASES NOT INVOLVING PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (check one box) I HAVE I HAVE NOT been a party or a witness in court in this state or any other state NOT involving the legal decision-making (custody) or parenting time of any of the minor children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

How the minor children are involved: _____

Summary of any Court Order: _____

8. PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (Check one box)

I DO NOT HAVE **I DO HAVE** information about a legal decision-making (custody) or parenting time court case relating to any of the minor children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

Nature (type) of court proceeding: _____

Summary of any Court Order: _____

9. PHYSICAL CUSTODY, LEGAL DECISION-MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON: (Check one box)

I DO NOT KNOW **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision-making authority (custody) or parenting time rights to any of the minor children named above. (If so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Name of Person with the claim: _____

Address of Person with the claim: _____

Nature of the Claim: _____

OTHER STATEMENTS TO THE COURT:

- 10. OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

11. DOMESTIC VIOLENCE: (If you are asking for **joint** legal decision-making (joint legal custody); this statement **must be true (ARS § 25-403)**).

- Domestic Violence **has not** occurred in this relationship.
- There **has** been domestic violence in this relationship and **no** legal decision-making (custody) should be awarded to the party who committed the violence.
- Domestic Violence **has** occurred **but it was committed by both parties or it is otherwise still in the best interests** of the minor child(ren) to grant joint or sole legal decision-making (joint or sole custody) to a parent who has committed domestic violence *because:* (Explain.)

12. The Parent Information Program (PIP) is required for persons seeking legal decision-making authority (custody) or parenting time. (Check one box)

- I have I have not already completed the Parenting Information Program.

13. DRUG / ALCOHOL CONVICTION WITHIN LAST TWELVE MONTHS:

(If you intend to ask for joint legal decision-making (joint custody), check one box.)

- Neither parent has been convicted** for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months, **OR**
- One or both parents have been convicted** for a drug offense or driving under the influence of drugs or alcohol in the last twelve (12) months.
- Party A and/or Party B was convicted, however, the legal decision-making (legal custody) and parenting time arrangement I am requesting appropriately protects the minor child(ren).

Explain how this arrangement appropriately protects the children. _____

REQUESTS TO THE COURT:

PRIMARY RESIDENCE, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):

1. Declare the “Primary Residence” for each minor child as follows:

- NEITHER parent’s home is designated as the primary residence, OR
- Declare Party A’s home as the primary residence for the following named children:

- Declare Party B’s home as the primary residence for the following named children:

2. PARENTING TIME: Award parenting time as follows:

- Reasonable parenting time rights as described in the Parenting Plan, OR
- Supervised parenting time between the children and Party A OR Party B, OR
- No parenting time rights to the Party A OR Party B.

Supervised or no parenting time is in the best interests of the child(ren) because: *

Explanation continues on attached pages made part of this document by reference.

- a. Name this person to supervise: _____
- b. Restrict parenting time as follows: _____

- c. Order cost of supervised parenting time (if applicable) to be paid by:
 - Party A
 - Party B, **OR**
 - Shared equally by the parties.

3. AUTHORITY FOR LEGAL DECISION-MAKING (LEGAL CUSTODY):

Award legal authority to make decisions concerning the child(ren) as follows:

Award sole authority for legal decision-making to: Party A Party B

OR

Award joint legal decision-making authority to both parties. Party A and Party B will agree to act as joint legal decision-makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision-Making Agreement signed by both parties.

(For the court to order "joint" legal decision-making, there must have been no "significant" domestic violence according to Arizona law, A.R.S. § 25-403.03)

4. CHILD SUPPORT:

(Check below if you are asking for a child support order or a change of child support in this case.)

Order that child support shall be paid by: (check one box)

Party A OR Party B

in a reasonable amount as determined by the court under the Arizona Child Support Guidelines.

OR

in the amount of \$ _____, which is a deviation from the amount set forth under the Arizona Child Support Guidelines. I am requesting a deviation because: (EXPLAIN)

Support payments shall begin on the first day of the first month following the entry of support order. These payments, and a fee for handling, shall be paid through the Support Payment Clearinghouse, PO Box 52107, Phoenix, Arizona 85072-7107 and collected by automatic Income Withholding Order.

Order that **past child support** be paid by **Party A** **Party B** in an amount determined by using a retroactive application of the Arizona Child Support Guidelines taking into account any amount of temporary or voluntary / direct support that has been paid. Support to be paid as defined above.

5. MEDICAL, DENTAL, VISION CARE

Party A should be responsible for providing: medical dental vision care insurance.

Party B should be responsible for providing: medical dental vision care insurance.

Party A and Party B will share all reasonable **unreimbursed medical, dental, vision care, and health related expenses** incurred for the minor child(ren) in proportion to their respective incomes.

6. TAX EXEMPTION. Allocate tax exemptions for the minor child(ren) as determined by the court under the Arizona Child Support Guidelines and in a manner that allows each party to claim allowable federal dependency exemptions proportionate to adjusted gross income in a reasonable pattern that can be repeated.

Under the Affordable Care Act, the party who claims the child as a dependent on a federal tax return has the obligation to ensure that the child is covered by medical insurance and may be penalized by the IRS for failing to do so.

The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of minor child	in Tax Year
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____
<input type="checkbox"/> Party A <input type="checkbox"/> Party B	_____	_____

Pattern shall repeat for subsequent years.

7. OTHER ORDERS I AM REQUESTING (explain request here):

DECLARATION UNDER PENALTY OF PERJURY

I declare that the contents of this document are true and correct under penalty of perjury.

Date

Party Filing Petition's Signature

Party Filing Petition's Printed Name